

OFFICE USE ONLY

Licensing specialist: _____

Supervisor: _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING (OCCL)**FAMILY CHILD CARE HOME
RENEWAL LICENSE APPLICATION****Please print
all responses.**

License number: _____ License expiration date: ____/____/____

SECTION A – Identification

Applicant name: _____ Date of birth: _____ Race: _____

Alias, maiden, or married names this person has used: _____

Location address: _____
(street) (city) (county) (state) (zip)

Applicant cell phone #: _____ Location phone #: _____

Email address: _____ Fax #: _____

Entity Information (optional)

The “entity” is the LLC or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If there is no entity, check “individual” and leave the rest of this section blank. For family homes, the entity is usually an individual or an LLC.

Entity name: _____ Entity type: ☐ Individual ☐ Corporation
☐ Limited liability company (LLC)

Doing business as/facility name: _____

Entity address: _____
(street) (city) (state) (zip)

1. If the entity is an LLC, provide the LLC agreement and list on a separate sheet of paper a name, address, and phone number for each member and for the designated managing member. ☐ submitted ☐ not applicable
2. If the entity is a corporation, provide the articles and certificate of incorporation and a name, address, and phone number for each corporate officer and board member. ☐ submitted ☐ not applicable

SECTION B – Additional Information**Household member(s) (other than the applicant, anyone living or staying in the applicant's home for any period of time)**

Full name Alias, maiden, or married names this person has used Date of birth Race Gender

SECTION B – Additional Information, continued**Substitute(s)**

Full name

Alias, maiden, or married names this person has used

Date of birth

Race

Gender

SECTION C – Current Enrollment

Child's first name	Date of birth	Days attending	Hours attending each day
Example: Dante	5/22/10	M - F	8:00 a.m. - 5:00 p.m.

SECTION D – Program InformationDo you anticipate a change in the location or type of care provided in the next 12 months? ☐ Yes ☐ No*If "yes," what is the anticipated change?* _____**Hours of operation**☐ Day: _____ a.m. – _____ p.m.☐ Night: _____ p.m. – _____ p.m. or a.m. (circle one)**Days of operation**☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su**Months of operation**☐ January to December☐ August to June☐ _____ to _____**Ages of children accepted**

(Use "kindergarten" for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

Example: From 6 weeks to 12 years

From _____ to _____

Program components☐ Purchase of Care ☐ Food program (CACFP) Transportation: ☐ field trips ☐ daily ☐ other _____☐ Delaware Stars #: _____ ☐ Foster care ☐ Night care ☐ Other (specify): _____

SECTION E – Confidential Information

Confidential material is for OCCL use only and will not be released to the public.

For each question, give the information on a separate sheet:

1. List the name(s) of person present in the family child care home, LLC member, or corporation director or officer who has had any conviction, adjudication, current indictment, outstanding warrant, or involvement in:
 - Any activity involving violence against a person;
 - Child abuse or neglect;
 - Possession, sale or distribution of illegal drugs;
 - Sexual misconduct;
 - Gross irresponsibility or disregard for the safety of others; or
 - Serious violations of accepted standards of honesty or ethical behavior.
2. List the name(s) of any person present in the family child care home, LLC member, or corporation director or officer who has:
 - Lost custody of their own child or any child placed in their care;
 - Been diagnosed or under treatment for any serious mental illness; or
 - A current or former addiction to drugs or alcohol.

SECTION F – Certification and Signature

- I have read, understand, and will follow *DELACARE: Rules for Family Child Care Homes*.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, whether the regulations and requirements of OCCL are properly met, and that the required criminal background checks are completed and approved. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant from page 1

Date

STATE OF DELAWARE)
 : SS
COUNTY OF _____)

Signed and attested before me this _____.

Signature of notarial officer

Print name

(seal)